

Dr. Turner

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022614

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JUL 2 1962

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN SPRINGFIELD

Length of stay in 1b

38 YRS.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

GREENE

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN

SPRINGFIELD

d. STREET ADDRESS

(If outside, give location)

ROUTE # 7

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

DR. FRANCIS TODD H'DOUBLER SR.

4. DATE OF DEATH

Month

Day

Year

JUNE 18 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/22/87

9. AGE (last birthday)

75

10. IF UNDER 1 YEAR

Months

Days

11. IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PHYSICIAN

10b. KIND OF BUSINESS OR INDUSTRY

M.D.

11. BIRTHPLACE (City and state or country)

BELOIT, KANSAS

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

CHARLES W. H'DOUBLER

13b. MOTHER'S MAIDEN NAME

SARAH EMERSON TODD

14. NAME OF HUSBAND OR WIFE

ALICE H'DOUBLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES.

W.W. # 1

17. INFORMANT

Address

ALICE H'DOUBLER, SPRINGFIELD, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

HYPEREXTENSIVE CARDIOVASCULAR DISEASE ? 1947

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/2/61 to 6/18/62 and last saw her on 6/18/62

Death occurred at 1:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

23b. DATE

6/22/62

23c. NAME OF CEMETERY OR CREMATORY

NEWCOMER'S CREMATORY

23d. LOCATION (City, town, or county)

KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

H.H. LOHMEYER FUNERAL HOME

SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

6-25-62

26. REGISTRAR'S SIGNATURE

Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

Glen O. Turner
USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SEP 27 1962

SEP 18 1962

JUL 3 1962

Permit issued - 6-21-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lucius T. Chadley

Licensed Embalmer No.

4875

P. O. Address

Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.